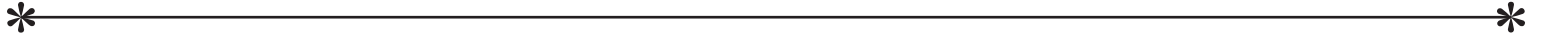


Winterville Dental, P.C.



We would like to get to know you better!

Name: _____ Preferred Name: _____

Male Female Date of Birth: _____ Age: _____ Today's Date: _____

Address: _____ SS #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer Address: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's Occupation: _____ Spouse's Employer: _____

Employer Address: _____ Employer Phone: _____

Who referred you to our office?: _____

Person Responsible for Dental Investment: _____

Emergency Contact: _____



Insurance Information:

Name of Insured: _____ Insured SS#: _____

Name of Carrier: _____ Group#: _____

Carrier ID: _____

Other Coverage:

Name of Insured: _____ Insured SS#: _____

Name of Carrier: _____ Group#: _____

Carrier ID: _____



Winterville Dental, P.C.

Tell us about your Health

Are your teeth sensitive to:

Heat?	Y	N
Cold?	Y	N
Sweets?	Y	N
Biting Pressure?	Y	N

Does food catch between your teeth? Y N

Do your gums bleed when brushing? Y N

Have you noticed any gum swelling around any teeth? Y N

Do you have an unpleasant taste or odor in your mouth? Y N

Problems of the Jaw:

Clicking of the jaw? Y N

Pain (joint, ear, side of face)? Y N

Headaches? Y N

Clenching/Grinding? Y N

Do you avoid any part of the mouth while brushing? Y N

Are you dissatisfied with your teeth and their appearance? Y N

Do you smoke? Y N

Have you ever had any extractions? Y N

- If yes, how long have the teeth been missing? _____

Do you feel you will eventually wear dentures? Y N

Do you have any dental fears? Y N

Last Dental Appointment: _____

General Health Problems: _____

Surgery: _____

Have you ever been diagnosed with Obstructive Sleep Apnea? Y N

- If so, how are you being treated? _____

Do you fall asleep easily and/or sometimes inappropriately? Y N

Do you feel tired or groggy on awakening? Y N

Are you taking any Prescribed Medications, OTC Medications, Herbal Supplements or Vitamins? Y N

Are you taking or have you ever taken an osteoporosis medication (such as Actonel, Boniva or Fosamax)? Y N

Are you currently under a physician's care? Y N

Name: _____

Address: _____

Phone: _____

Are you allergic to Penicillin? Y N

Are you allergic to Sulfa? Y N

Are you allergic to any other antibiotic? Y N

Are you allergic to Aspirin? Y N

Are you allergic to any other drug? Y N

Are you allergic to latex? Y N

Are you allergic to metals? Y N

Are you allergic to sedatives? Y N

Winterville Dental, P.C.



Have you ever been afflicted with any of the following:

Heart Ailment?	Y	N
Diabetes?	Y	N
Rheumatic Fever?	Y	N
Epilepsy?	Y	N
High Blood Pressure?	Y	N
Respiratory Disease?	Y	N
Hepatitis?	Y	N
HIV Positive?	Y	N
Prolonged Bleeding?	Y	N
Healing Complications?	Y	N

Women Only:

Are you pregnant or trying to become pregnant?	Y	N
Are you taking oral contraceptives?	Y	N



Why did you leave your last dentist? _____

What is your present dental problem? _____

If we may contact you by e-mail please provide us with your address _____

May we confirm your appointments with text messaging? Y or N

I certify that the above information and the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my dependent during the period of such dental care to third party payors and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

_____ Date: _____

Signature of patient (or parent/guardian if minor or dependent)

_____ Date: _____

Signature of dentist



Winterville Dental, PC • Phillip Durden, DMD • 104 Moores Grove Road • Winterville, Georgia 30683

Phone 706.742.7000 • Fax 706.742.2145 • www.wintervilledental.com